

LATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 3.1-A  
Item 9  
Page 2

STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS IN THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED  
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

<u>Citation</u>	<u>Medical and Remedial</u>	<u>Ambulatory Surgical Center Services</u>
42 CFR	Care and Services	
440.90	Item 9 (Cont.)	Ambulatory Surgical Center services must be medically necessary diagnostic, preventive, therapeutic, rehabilitative, or palliative items or services furnished to an outpatient by or under the direction of a physician, osteopathic physician, or dentist (for emergencies, for EPSDT eligibles with prior authorizations, and for dental services as described in Attachment 3.1-A, Item 10) in a facility which is not a part of a hospital, but is organized to provide medical care to outpatients.

The Bureau of Health Services Financing will make payments to the Ambulatory Surgical Centers only when the procedure is medically necessary. The facility is required to transfer a patient requiring emergency admittance or overnight care to a fully licensed and certified Title XIX hospital following any surgical procedure performed at the Ambulatory Surgical Center. The licensing requirements for these centers prohibit providing services or other accommodations for patients to stay overnight.

STATE <u>LA</u>	A
DATE REC'D <u>DEC 29 1989</u>	
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STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATION ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED  
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

<u>Citation</u>	<u>MEDICAL AND REMEDIAL</u>
42 CFR	CARE AND SERVICES
440.90	Item 9 (continued)

C. Tuberculosis Control Center Services

Tuberculosis Control services must be medically necessary diagnostic, preventative, therapeutic, rehabilitative, or palliative items or services furnished to an outpatient by or under the direction of a physician in a facility which is not a part of a hospital, but is organized to provide medical care to outpatients.

The Agency will make payments to Tuberculosis Centers only when the procedure is medically necessary. The facility is required to transfer a patient requiring emergency admittance or overnight care to a fully licensed and certified Title XIX hospital. These centers are prohibited from providing services or other accommodations for patients to stay overnight.

STATE <u>LA</u>	A
DATE REC'D <u>JAN 05 1988</u>	
DATE APPVD <u>JAN 25 1989</u>	
DATE EFF <u>OCT 01 1988</u>	
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TN# 88-26  
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Citation  
42 CFR  
440.90

MEDICAL AND REMEDIAL  
CARE AND SERVICES  
Item 9 (continued)

D. Sexually Transmitted Disease Control (STDC)  
Centers

STDC services must be medically necessary diagnostic, preventative, therapeutic, rehabilitative, or palliative items or services furnished to an outpatient by or under the direction of a physician in a facility which is not a part of a hospital, but is organized to provide medical care to outpatients.

The Agency will make payments to STDC Centers only when the procedure is medically necessary. The facility is required to transfer a patient requiring emergency admittance or overnight care to a fully licensed and certified Title XIX hospital. These centers are prohibited from providing services or other accommodations for patients to stay overnight.

STATE <u>LA</u>	A
DATE REC'D <u>JAN 05 1988</u>	
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AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES  
PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF  
PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

<u>CITATION</u>	<u>Medical and Remedial</u>	<u>Prescribed drugs, and Prosthetic Devices; and Eyeglasses</u>
42 CFR	Care and Services	<u>Prescribed by a Physician Skilled in Diseases of the Eye or by</u>
440.120	Item 12.a.	<u>an Optometrist</u>

Item 12.a. Prescribed drugs are limited as follows:

Vendor payments are made for prescribed medications and/or supplies listed below. The medications must be prescribed by a practitioner authorized to prescribe under state law. The National Drug Code (NDC) must be shown on each pharmaceutical claim form for reimbursement of prescription drugs subject to rebates from manufacturers as prescribed by mandatory federal law and regulations.

I. **Louisiana Drug Formulary**

Coverage of drugs shall be limited to specific drug products authorized for reimbursement by therapeutic category, listed by generic name, strength/unit, NDC, and brand name. Those drug products subject to mandatory coverage as a result of a rebate agreement with the federal government shall be covered until written notice is received from Health Care Financing Administration (HCFA) that coverage is to be terminated. Providers will be given prior notice of any termination as required under federal regulations.

The list of covered drug products shall be maintained in the Service Manual of the Medicaid Program of Louisiana.

**SUPERSEDED BY 98-11**

STATE	LOUISIANA	A
DATE RECD	12-31-96	
DATE APPRD	03-17-97	
DATE	10-01-96	
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PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

<u>CITATION</u>	Medical and Remedial	<u>Prescribed drugs, and Prosthetic Devices; and Eyeglasses</u>
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440.120	Item 12.a.	<u>Optometrist</u>

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**I. Louisiana Drug Formulary**

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The list of covered drug products shall be maintained in the Service Manual of the Medicaid Program of Louisiana.

The number of units of prescription drugs for the treatment of erectile dysfunction reimbursable by Medicaid is limited to six (6) units per month per patient. Units include tablets, injectable, intraurethral pellets and any other dosage form which may become available.

A	
STATE <i>Louisiana</i>	
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TN# \_\_\_\_\_

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LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF  
PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

CITATION      Medical and Remedial  
42 CFR          Care and Services  
440.120        Item 12.a. (Contd.)

The Louisiana Medicaid Drug Formulary Committee shall review and make recommendations on drug products, classified as optional under Section 1927 (d)(1)(B) of the Social Security Act, proposed for addition or deletion from coverage.

The committee may make recommendations to the Bureau for addition or deletion of optional drugs and/or therapeutic categories of drugs. Following Bureau review of committee recommendations, the Medicaid program coverage may be granted or revoked subsequent to provider notification. Any recommendations regarding drugs subject to mandatory coverage, based on federal rebate agreements, shall be forwarded to HCFA for review and consideration.

Those drugs subject to a Notice of Opportunity for Hearing (NOOH), as prescribed by Section 1927 (k)(2)(A) of the Social Security Act, for which the Food and Drug Administration has proposed to withdraw from the market because they are "less than effective" or "identical, related, or similar drugs which are identifiable from compendia data such as Facts and Comparisons shall be excluded from coverage.

The Drug Formulary Committee shall be composed of the following members:

One member shall be a physician representing the LSU Medical Center; one member shall be a physician representing the Tulane School of Medicine; one member shall be from the Northeast Louisiana School

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MOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION      Medical and Remedial  
42 CFR        Care and Services  
440.120       Item 12.a.

of Pharmacy; one member shall be from the Xavier School of Pharmacy; one member shall be a physician who is enrolled and practicing as a Medicaid provider selected by the Louisiana State Medical Society; two members shall be practicing pharmacists participating in Medicaid drug reimbursement recommended by the Louisiana Pharmaceutical Association; two members shall be selected by the Pharmaceutical Manufacturers Association representing the pharmaceutical industry; one member shall be a practicing physician who is participating in Medicaid reimbursement as a family practitioner recommended by the Louisiana State Medical Society; one member shall be a practicing physician who is participating in Medicaid reimbursement as a pediatrician recommended by the Louisiana State Medical Society; the Secretary of DHH shall be a member; and the Director of the Medicaid Program shall be a member.

**II. Limits on Allowable Cost**

Provider reimbursement limits on cost as established under Attachment 4.19-B must be followed. These limits neither supersede nor contravene State anti-substitution laws. Pharmacists shall not be authorized or required to dispense drugs in violation of State Law.

**III. Recipient Co-Payments**

Effective for dates of service July 13, 1995 and after, the Department of Health and Hospitals, Bureau of Health Services Financing, imposes a co-payment requirement in the Pharmacy Program as reflected on Attachment 4.18-A, Page 1.

STATE	<i>Louisiana</i>	A
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In accordance with Federal regulations the following provisions apply: 1) the provider may not deny services to any eligible individual on account of the individual's inability to pay the co-payment amount. However, this service statement does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the copayment. Providers shall not waive the recipient co-payment liability. Departmental monitoring and auditing will be conducted to determine provider compliance. Violators of this policy will be subject to a penalty such as suspension from the Medicaid program.

STATE <u>Louisiana</u>	A
DATE REC'D <u>OCT 03 1995</u>	
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Item 12b, Page 1

MOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

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CITATION  
42 CFR  
440.120(b)

MEDICAL AND  
REMEDIAL CARE  
AND SERVICES  
Item 12b

Dentures - The Bureau of Health Services Financing makes payments to dentists for dentures under the following conditions:

- (1) Prior Approval - In addition to prior approval items specified in (2), (3), (4), and (5) below, prior approval for specific services is required. Services subject to prior approval are listed in the Bureau's Provider Manual. New dentures are only allowable seven years after the original dentures are provided.

The Adult Dental Program shall no longer reimburse for cast partial dentures (Procedure Codes 05213 and 05214).

- (2) Complete Dentures - Complete dentures are subject to prior authorization. Immediate dentures may also be available through prior approval. Replacement complete dentures are only allowable seven (7) years after the original dentures were provided.

- (3) Denture Relines - Complete and partial denture relines are authorized only if one year has elapsed since the denture was constructed or last relined. A combination of two relines or one complete denture and one reline may be allowed within a seven year period if prior authorized by the Bureau of Health Services Financing or its designee. Reline of existing dentures must be given priority over the construction of new dentures, if it is judged that the existing dentures are serviceable for at least seven years. Chairside relines (cold cure acrylics) are not reimbursable.

STATE <u>LOUISIANA</u>	A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES  
PROVIDED

- (4) Denture Repairs - Repairs of complete and partial dentures are allowable and do not require prior authorization provided that the repair makes the denture fully serviceable and eliminates the need for a new denture. A repair is allowable in conjunction with a reline for the same recipient as long as this makes the denture fully serviceable.
- (5) Removable Partial Dentures - Removable partial dentures are allowable when required to fulfill the requirement for balancing occlusion and must be prior authorized.

Any of the above services previously authorized under Items (2) and (3) above but not completed prior to July 13, 1995, must be resubmitted for prior authorization and will be subject to the limitations effected on July 13, 1995.

EPSDT RECIPIENTS ARE EXCLUDED FROM SERVICE LIMITATIONS.

STATE	<u>Louisiana</u>	A
DATE REC'D	<u>07-15-95</u>	
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